



MISSOURI DEPARTMENT OF MENTAL HEALTH

DORN SCHUFFMAN, DIRECTOR



DEPARTMENT
OPERATING
REGULATION
NUMBER

DOR
1.125

CHAPTER General Department	SUBCHAPTER Department communications	EFFECTIVE DATE 7/1/06	NUMBER OF PAGES 3	PAGE NUMBER 1 of 3
SUBJECT Use of Cellular/Wireless Phones		AUTHORITY 630.050 RSMo	HISTORY See below	
PERSON RESPONSIBLE Deputy Director, Office of Administration			SUNSET DATE 7/1/09	

PURPOSE: To establish a policy on usage of cellular/wireless service to include approval and procurement of services; usage; monthly billing review; reimbursement of personal usage; and, reimbursement to an employee for usage of a personal cellular/wireless device for business purposes.

APPLICATION: Applies to all department employees.

(1) Per Executive Order 05-02 issued in January 2005, "All State agencies and departments in the Executive Branch shall not enter into any agreement or contract to lease or purchase any cellular phones, except as may be determined by the Commissioner of Administration to be in the best interest of the State". The Commissioner of Administration has indicated that this Executive Order applies to wireless devices and service including cellular phones, pagers and Blackberry devices, and has notified departments that all requests for cellular/wireless devices must be approved by the Office of Administration. The Office of Administration will deny requests for cellular/wireless devices unless the Department demonstrates that extenuating circumstances exist that require the employee to have contact with the office at all times and that the device requested for the employee is the only or most cost effective means of communication with the office available to the employee.

(2) All requests for new cellular/wireless devices or service and changes in existing rate plans or upgrades to equipment where a cost will be incurred should be sent to the Telecommunications Analyst in Central Office. The request should include the following information:

(A) Justification of the extenuating circumstances that require the employee to have contact with the office at all times.

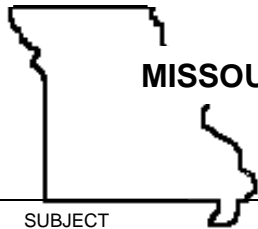
(B) Justification that the wireless device/service is the only or most cost effective means of communication available to the employee.

(C) Name and title of employee the device/service will be assigned to.

(D) Cost of device, rate plan and any other equipment or accessories.

(3) The requests will be reviewed by the Telecommunications Analyst and forwarded to the Deputy Director of Administration in DMH for approval. If approved by the Deputy Director, the request will be sent to the Office of Administration for approval.

(4) Upon approval by the Office of Administration, the device/service shall be procured through state contract where service is available and in accordance with the terms and conditions of the contract. If a particular catchment area is not available through state



MISSOURI DEPARTMENT OF MENTAL HEALTH

DORN SCHUFFMAN, DIRECTOR



DEPARTMENT
OPERATING
REGULATION
NUMBER

DOR

1.125

SUBJECT	EFFECTIVE DATE	NUMBER OF PAGES	PAGE NUMBER
Use of Cellular/Wireless Phones	7/1/06	3	2 of 3

contract, procurement may be made through a local vendor; however, a waiver must be obtained through OA/Division of Purchasing.

(A) One person should be designated within each Facility/Division/Office to coordinate the request and approval process for procurement, activation, maintenance, billing, record keeping, and disconnection of all cellular/wireless service for their location. Responsibilities will include:

1. Processing purchase order for cellular/wireless services.
2. Review and processing of invoices.
3. Maintaining a written record by cellular/wireless device that identifies costs of each device annually including personal reimbursement checks.
4. Maintaining accurate and up-to-date records of all cellular/wireless service to include contract, rate plans, invoices and documentation of personal reimbursement.
5. Working with the Telecommunications Analyst in Central Office on any specific needs/requirements/services.

(B) The Telecommunications Analyst in Central Office shall act as the department liaison with vendors and shall be responsible for compiling department-wide reports for cellular/wireless service.

(C) All invoices for cellular/wireless service shall include "transaction detail" that records number called, date, time, duration and cost of the transaction.

(D) All cellular/wireless service shall be billed on a consolidated invoice by facility, division and/or office, if available from the vendor.

(E) All invoices shall be reviewed on a quarterly basis to ensure the most cost effective rate plan has been selected based on usage of the cellular/wireless device. Rate plans shall be changed accordingly.

(5) Cellular/Wireless devices are to be used for official business.

(A) Employees should refrain from using cellular/wireless devices for personal usage except for reporting travel status as referenced in subsection (5)(B) and/or for urgent or emergency calls.

(B) Employees are allowed two personal calls per day to give status of travel not to exceed five minutes of usage per call.

(C) Employees should immediately notify the appropriate facility/division/office designee when cellular/wireless devices have been damaged, lost, stolen or misplaced.

(6) Facilities/Divisions/Offices shall develop an internal control system to ensure appropriate use of cellular/wireless services. This system should include, at a minimum:

(A) Supervisory review monthly to confirm appropriate usage and approval of all charges incurred.

(B) Employee review of monthly invoices to identify any personal usage. Monthly invoices will be sent to each user, by designee, with a cover letter (See Sample Attachment "A"). Users will identify any personal usage. Reimbursement will be



MISSOURI DEPARTMENT OF MENTAL HEALTH

DORN SCHUFFMAN, DIRECTOR



DEPARTMENT
OPERATING
REGULATION
NUMBER

DOR

1.125

SUBJECT	EFFECTIVE DATE	NUMBER OF PAGES	PAGE NUMBER
Use of Cellular/Wireless Phones	7/1/06	3	3 of 3

required for all personal usage other than what is allowed in section (5) of this DOR. Reimbursement will be calculated by multiplying the total number of airtime minutes by the billable rate per minute identified in each particular rate plan. Users will also reimburse for any additional charges identified (i.e., roaming or long distance) for personal usage.

(7) Installation of any Department owned cellular/wireless equipment in a privately owned vehicle is prohibited.

(8) The Department discourages the use of personally owned cellular/wireless devices for business purposes that result in additional charges to the employee, except in the event of emergencies. Reimbursement shall be made to DMH employees on the Monthly Expense Report form for cellular/wireless charges related to "emergency" state business. Reimbursement shall be allowed for the following charges:

(A) Itemized long distance air time and roaming charges identified as official business;

(B) Interconnection charges per minute applied to official business calls;

(C) Per minute charge for each transaction;

(D) Taxes incurred for the above charges.

HISTORY: Emergency DOR effective October 1, 2001 and June 1, 2002. Final effective January 1, 2003. Amendment effective July 1, 2006.

Sample Attachment A

TO: Cellular/Wireless User (Insert Name of User and Cellular/Wireless Number)
FROM: Designee (Insert name of designee within each Facility/Division/Office)
SUBJECT: Cellular/Wireless Invoice for the Period (Insert Invoice Service Dates Here)
DATE: (Insert Date Sent to User)

Please find attached a copy of your cellular/wireless invoice for the period stated above. This invoice is your responsibility. Please review this invoice and highlight any personal transactions that might have been made on this invoice. According to DOR 1.125 you will be required to reimburse for all personal usage made on this cellular/wireless invoice other than what is allowed in section (5) of this DOR. Your reimbursement should be calculated as follows:

Total Minutes _____ (x) Cost/Minute in Your Rate Plan _____ = _____
Plus
Applicable Roaming or Long Distance Charges

Calculate your total charges and write a check payable to (Insert Vendor) _____. Attach the check to this letter and invoice, put your signature on it and then obtain your supervisor's signature. Return to me immediately for processing. Your check will be processed and this invoice and letter will be kept on file for future reference.

Please sign this letter below as it applies.

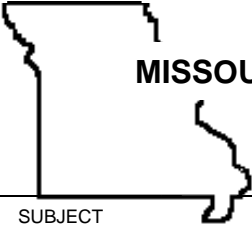
Yes, I had personal cellular/wireless usage in the amount of \$_____ and my check is attached.

Other than the personal usage as specifically permitted by this DOR, I have no personal charges on the attached invoice.

Signature/Date: _____

Supervisor Signature/Date: _____

|



MISSOURI DEPARTMENT OF MENTAL HEALTH

DORN SCHUFFMAN, DIRECTOR



DEPARTMENT
OPERATING
REGULATION
NUMBER

DOR

1.125

SUBJECT	EFFECTIVE DATE	NUMBER OF PAGES	PAGE NUMBER
Use of Cellular/Wireless Phones	7/1/06	3	5 of 3